

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		7				
11		2				
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47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	10	←	←	←	←	↓
TOTAL CLAIMS	11	1	1	1	1	1

	IND	DEP	IND	DEP	IND	DEP
51						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.		←	←	←	←	↓
TOTAL CLAIMS		1	1	1	1	1